

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>10/018642</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
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TOTAL IND.	3		↓		↓	
TOTAL DEP.	2	↔		↔		↔
TOTAL CLAIMS	5	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS